



## VALUE ADDED PROGRAM CONFIDENTIALITY STATEMENT

To take advantage of product savings, expired drug returns, and the other great benefits of our Value Added Program, please fill out the following form, sign below and fax it back to us at 800-4ALLMED (800-425-5633).

Service Name: \_\_\_\_\_

Purchasing Contact: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

State Association we belong to: \_\_\_\_\_

Association Member ID # (if available) \_\_\_\_\_

I would like my mailings recieved by  Email: \_\_\_\_\_  Postal Mail

I do not wish to recieve promotional mailings from Alliance Medical

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Signature \_\_\_\_\_ Date: \_\_\_\_\_